

Docket No. 0660-0166-0X CONT

21
SA/Am
6/12/02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: Theresa TERNYNCK et al

GAU: 1648

SERIAL NO: 09/497,997

EXAMINER: BROWN

FILED: February 4, 2000

FOR: VECTORS DERIVED FROM ANTIBODIES FOR TRANSFERRING SUBSTANCES INTO CELLS

REQUEST FOR EXTENSION OF TIME
UNDER 37 C.F.R. 1.136

RECEIVED

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

MAR 11 2002

SIR:

OFFICE OF PETITIONS

It is hereby requested that a **THIRD-ONE MONTH** extension of time be granted to **February 28, 2002** for

- filing a response to the Official Action dated: August 31, 2001
- responding to the requirements in the Notice of Allowability dated:
- filing the Formal Drawings. The Issue Fee due has been timely filed.
- responding to the Notice to File Missing Parts of Application dated:
- filing a Notice of Appeal. A timely response to the final rejection, due has been filed.
- filing an Appeal Brief. A Notice of Appeal was filed on:
- Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown below is reduced by one-half.

The required fee of **\$520.00** is enclosed herewith by check and any further charges may be made against the Attorney of Record's Deposit Account No. **15-0030**. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.


Norman F. Oblon
Registration No. 24,618

Daniel J. Pereira, Ph.D.
Registration No. 45,518




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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6/4/02 2 Serial/Patent # 09497997

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time	<u>18</u>	<u>013102</u>	<u>\$ 320</u>
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other	<u>21</u>	<u>31/02</u>	<u>\$ 520</u>
		7 TOTAL AMOUNT OF REFUND	\$
8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check	
Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
Duplicate Payment	<input checked="" type="checkbox"/>	<u>15--0030</u>	
No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Cliff Congo</u>		TITLE: <u>Pat Att'y</u>	
SIGNATURE: <u>Alicia Kelley</u>		PHONE: _____	
OFFICE: <u>Office of Patents</u>			
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APPROVED: <u>Alicia Kelley</u>		DATE: <u>6/4/02</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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